DOCUMENT RESUME

ED 072 603 EC 051 169

TITLE	Administrator's Guide to Programs for Speech Handicapped School Children.
INSTITUTION	South Carolina State Dept. of Education, Columbia. Office of Programs for the Handicapped.
PUB DATE	Jan 72
NOTE	44p.
EDRS PRICE	MF-$0.65 HC-$3.29
DESCRIPTORS	*Administrator Guides; Educational Facilities; Equipment; *Exceptional Child Education; Guidelines; Principals; *Program Development; Records (Forms); Role Perception; Scheduling; School Role; Screening Tests; *Speech Handicapped; Speech Therapists; *Speech Therapy; Teachers
IDENTIFIERS	South Carolina

ABSTRACT

The handbook offers guidelines to administrators who are developing programs to meet the need for speech therapy services in South Carolina schools. Responsibilities of school principals, speech coordinators, speech clinicians, and classroom teachers are identified. Recommendations are made concerning equipment needs (tape recorders, audiometers, record players, and mirrors) and facility specifications (room size, electrical supply, and furniture). Two procedures for scheduling clinicians' school visits (the itinerant and blocking systems) are diagrammed, and varying therapy schedules are recommended for children with different degrees of speech handicaps. Described are screening and reevaluation procedures for children in kindergarten through twelfth grade. Appendixes include forms for a statistical summary for state aid and a district summary of state aid; the South Carolina Special Education Act of 1970; addresses of companies publishing diagnostic and instructional materials; and addresses of speech and hearing centers in South Carolina. Also presented in the appendixes are forms for referrals, progress reports, dismissals, semester-end reports, and clinicians' monthly caseload attendance reports. (GW)

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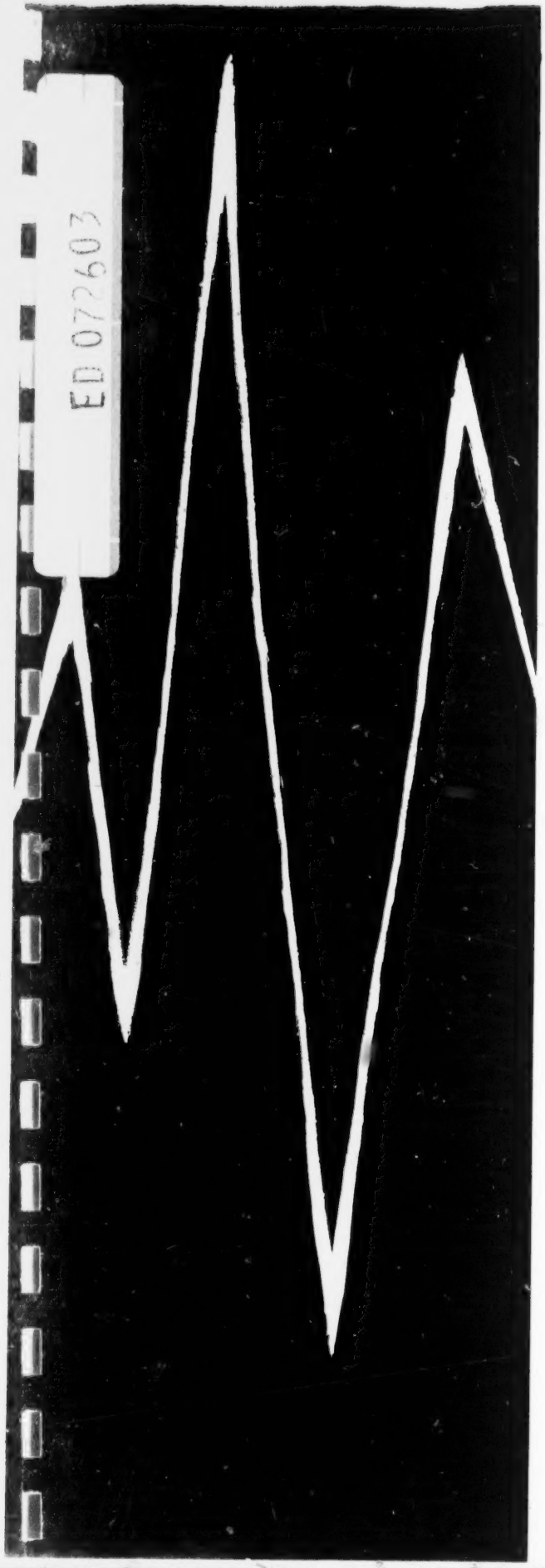

ADMINISTRATOR'S GUIDE TO PROGRAMS FOR THE SPEECH HANDICAPPED

ED 072603

ADMINISTRATOR'S GUIDE TO PROGRAMS FOR SPEECH HANDICAPPED SCHOOL CHILDREN

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
OFFICE OF EDUCATION
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Columbia, South Carolina
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January 1972

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F O R W A R D

This guide is intended to serve as a resource for administrators and speech clinicians in initiating and maintaining programs for speech handicapped pupils. Each administrator and clinician determines policies that affect speech handicapped pupils.

Speech training for all pupils, including speech therapy for those who need it, is imperative. Adequate communication is essential for all pupils.

Speech correction is a task which requires teamwork among administrators, speech clinicians, teachers and parents. It is through this cooperative venture that the needs of speech handicapped pupils are met.

Hopefully, this guide will enable school personnel to provide a more effective program for the five to ten percent of the school age pupils with a speech handicapped.

Dr. W. Owens Corder, Director
Office of Programs for the Handicapped

I N T R O D U C T I O N

Communicative disorders may be described as those impairments which tend to interfere with or limit, to varying degrees, the individual's ability to formulate, express, receive or interpret oral language. These impairments are generally listed in the literature of the speech and hearing profession as defective articulation, delayed speech and language, stuttering, hearing impairment, cleft palate, cerebral palsy, aphasia, voice disorders, and cluttering. A relatively new addition is that of non-standard dialect.

National surveys conducted by leading agencies concerned with the speech handicapped indicate that five percent of all public school children will have a moderate to severe speech handicap which would require the services of a trained speech clinician.(1)

Using the national average as a guide, 33,500 school children within South Carolina could benefit from speech correction services. This figure does not take into consideration the category of non-standard dialect.

As of June 1971, there were approximately 13,000 children receiving speech therapy from 120 clinicians in the public schools of South Carolina. The need for additional services or the expansion of existing services is obvious. The state of South Carolina is aware of the needs and has called for the systematic expansion of services from 120 clinicians to 325 clinicians and for an increase in the number of children receiving speech therapy from 13,000 to 33,500 within a five year period of time.(2)

The purpose of this handbook is to aid districts in establishing efficient and effective speech programs to meet the overwhelming needs. This handbook is not intended to meet the needs of each individual district. It should be used as a resource manual and not as an absolute methodology.

Because of the nature and interest of the handbook, please feel free to reproduce any section of this material as your needs deem necessary.

H. E. Baud, Speech Consultant
David E. Holcombe, Speech Consultant

PART I

INITIATION OF A SPEECH THERAPY PROGRAM

It is the responsibility of the local school system to initiate services for handicapped children. The State Department of Education through the Office of Programs for the Handicapped assists the local school districts in providing appropriate programs for the various areas of exceptionality.

The following procedures are suggested for initiating a comprehensive speech therapy program:[3]

A. Determine the needs - Identify the number of children in need of therapy. Determine their specific needs and establish priorities for meeting these needs. This may be done by consultation with parents, teachers, principals, physicians and personnel from the State Department of Education.

B. Use consultative services - Obtain information from a representative of an institution of higher education with teacher training preparation programs in speech pathology as to the availability of personnel. Obtain information from the State Department of Education concerning certification and state aid reimbursement.

C. Select qualified personnel - Employ clinicians with certification in speech pathology.

D. Organization of the program - Determine operational procedures with consideration given in accord with school district policy, employed clinician's objectives and State Department of Education guidelines.

E. Provide physical facilities - Determine that appropriate space and equipment are available. A list of recommended equipment and supplies is shown on page 8 of this guide.

P A R T I I

ADMINISTRATION OF THE SPEECH PROGRAM

The superintendent is responsible for the administration of the total educational program, but may designate a staff member to supervise the speech therapy program. The local school district is responsible for developing written policies concerning the program of speech therapy services. These policies should provide provisions for annual evaluation of the speech programs, in-service training, short and long range objectives of the program and operational procedures within the program.

The speech clinician should observe the same number of hours as the regular classroom teacher. Speech therapy services are an integral element of the total school program, and the therapist is expected to coordinate activities with the classroom teacher to provide an effective learning environment.

From 75 to 90 children maintaining an average monthly attendance of 75 percent would constitute an average monthly caseload. For a speech clinician to work with more than this number would be unprofitable, inefficient and unsound. No clinician should be assigned to serve more than four schools. A clinician must maintain an average monthly caseload of 75 with 75 percent attendance in order to gain full state aid.

ROLE OF THE SCHOOL PRINCIPAL

The principal is responsible for all activities within the school. The speech clinician should be directly responsible to the building principal and follow all rules and regulations set down by the principal.

(4)

The principal should:

1. Provide an adequate room and furniture to house the program
2. Provide a school schedule
3. Help coordinate the work of the speech clinician with other special services available
4. Provide the opportunities for the speech clinician to talk to teachers, parents and community groups
5. Arrange for the classroom teacher to visit the speech classes
6. Discuss with the classroom teachers their role in the speech therapy program

ROLE OF THE SPEECH COORDINATOR

The coordinator of a speech program is designated by the superintendent to assume administrative responsibility for the operation of the program. This person should be experienced in public school programs and have additional training beyond a bachelor's degree. Ideally the coordinator should be certified in speech pathology. If this person is not available, the coordinator should have a background in special education and be familiar with the workings of a public school speech program.

(5)

The coordinator should:

1. Assign schools and assist in the scheduling of buildings served
2. Confer with principals to secure adequate rooms for speech classes

3. Arrange with the principals for furniture and equipment for each room in which the speech clinician works
4. Be responsible for all budget matters concerning the operation of the speech program
5. Assist in the integration of the speech services with the total school program by:
   a. Informing the speech clinician of district policies and procedures
   b. Providing the speech clinician the opportunity to interpret the speech program to professional and lay groups
   c. Helping the speech clinician assist the classroom teacher in reinforcing, within the regular classroom, material stressed in speech class
6. Assist the speech clinician in the establishment and maintenance of records and reports of children within the program
7. Visit speech classes at intervals
8. Hold periodic staff meetings
9. Arrange in-service training programs
10. Act as a liaison between administration and the clinicians
11. Be responsible for the recruiting and staffing of the program

ROLE OF THE SPEECH CLINICIAN

The clinician should provide services that include evaluation and therapy for individuals handicapped by disorders of language, speech or hearing. (6)

The public school clinician should:

1. Conduct the identification program for children with speech handicaps
2. Provide appropriate diagnostic services
3. Conduct appropriate therapy classes
4. Coordinate the speech program so as to become an integral part of the total school curriculum
5. Serve as a consultant to the classroom teacher
6. Conduct in-service training sessions for classroom teachers
7. Involve parents and community resources into the program
8. Carry out duties as required by the speech coordinator

ROLE OF THE CLASSROOM TEACHER

The classroom teacher should: (7)

1. Aid in the screening process through referral services
2. Cooperate with the speech clinician in scheduling children for therapy
3. Encourage children to attend therapy
4. Take an interest in the program and try to understand its purpose and operation
5. Visit the therapy sessions
6. Incorporate therapy activities into those of the classroom
7. Use the clinician as a consultant
8. Aid the clinician in becoming an active faculty member

PART III

PHYSICAL FACILITIES

Facilities for therapy are an integral part of the overall speech rehabilitation process. Not only do poor facilities minimize motivation of the clinician, but the motivation of the children is similarly affected. The provision of the following recommended list of facilities and equipment is the responsibility of the local districts:[8]

Speech Therapy Room

Location:	Near lower elementary classroom and relatively quiet
Size:	150 square feet (approximately)
Conditions:	Free from interruptions and excessive noise

Electrical Supply

Two 110 volt doubleplugs conveniently located

Chalkboard

One 3' x 5' at the appropriate height for children

Bulletin Board

One 4' x 4' mounted on the wall

Table

One round table approximately 48" in diameter

Chairs

Four chairs of appropriate age level for the children served

Additional Furniture for Central Offices

Storage Cabinets
File Cabinets
Bookcases
Desk or Work Table

Equipment and Supplies

A budget category should be established yearly for the purchase of supplies to be used within the speech program. Approximately $100.00 would be a reasonable amount. The clinician should be responsible for the purchase of these materials as needed. Basic equipment should include:

1. Tape Recorder
2. Audiometer
3. Record Player
4. Mirrors
5. Auditory Training Equipment (if needed)
6. Language Master

PART IV

SUGGESTED PROCEDURES FOR SCHEDULING, SCREENING, AND REEVALUATION

SCHEDULING

The scheduling involved within a speech therapy program involves two basic components; one being the assignment of the clinician and secondly, the assignment of children to receive therapy.

The scheduling of the clinician must take into consideration the total operation of the program. Factors such as attitudes toward the program, the geographic locations of the schools, the physical facilities within a school, the population of the schools, the age range within a school, and many other situations particular to a local district must be considered in the assigning of clinicians. A basic guide for clinician scheduling should be the most effective and efficient use of personnel.

The two most common scheduling systems and their variations are diagrammed below:

ITINERANT SYSTEM
(serving four schools)

	Monday	Tuesday	Wednesday	Thursday	Friday
School - am	A	C	A	C	A
pm	B	D	B	D	office

In the itinerant system, each child should be seen at a minimum twice a week in a group situation. Friday mornings can be scheduled for a third session if necessary or classroom work within a primary building. Friday afternoons should be used for record keeping, diagnostic testing or in-service work. All sessions should be thirty minutes in length.

BLOCKING SYSTEM

A. Six Week Intervals - serving three schools

	1st 6 weeks	2nd	3rd	4th	5th	6th
School	A	B	C	A	B	C

Plan A allows a clinician to see a minimum of twenty-five children in each blocking segment. Under this plan all children should be seen at least twice a week with children who exhibit severe problems being seen four times a week.

B. Nine Week Intervals - serving two schools

	1st 9 weeks	2nd 9 weeks	3rd 9 weeks	4th 9 weeks
School	A	B	A	B

Plan B allows a clinician to see a minimum of forty children in each segment. All children should be scheduled for a minimum of two therapy sessions per week.

C. Semester Intervals - serving four to six schools

(This plan is only recommended when a severe shortage of trained personnel exists within a program.)

	1st semester	2nd semester
Schools	A B C	D E F

In plan C, schools are served on an itinerant basis within a semester block. Second semester constitutes itinerant services to schools different than those served in semester one. A clinician must see a minimum of forty children each semester. Every effort should be made to see a child at least twice a week.

When concerned with the scheduling of clinicians, the State Department of Education recommends that schedules be so designed as to allow all children with moderate to severe speech handicaps to be seen for no less than two thirty minute sessions per week. The State Department further recommends that no clinician be assigned to serve more than four schools.

SCHEDULING OF PUPILS

Pupil Groupings:

Whenever possible, children with speech defects should be grouped homogenously according to age, type of defect, and severity of defect.

It is suggested that these groups range from one to three children with no more than four children in a given therapy session.

It is further recommended that children scheduled for speech therapy under a public school program receive the following amounts of therapy:

Mild Speech Handicap: A minimum of one thirty minute session per week with a maximum of two thirty minute sessions per week.

Moderate Speech Handicap: A minimum of two thirty minute sessions per week with a maximum of three thirty minute sessions

Severe Speech Handicap: A minimum of two thirty minute sessions per week with no suggested maximum number of sessions.

When scheduling pupils, the clinician should be concerned with providing the appropriate amount of therapy in the most conducive atmosphere. Considerations must be given to classroom schedules and other remedial services.

IDENTIFICATION AND REEVALUATION PROCEDURES

Two aspects of identification must be discussed when concerned with procedures; these being early identification of K and 1st grade children with severe speech handicaps and the identification of those children in grade 2 thru 12 with any speech handicap.

OBJECTIVES AND PROCEDURES IN THE EARLY IDENTIFICATION OF KINDERGARTEN AND FIRST GRADE SPEECH HANDICAPPED SCHOOL CHILDREN

I. OBJECTIVES

A. The identification of children with severe speech handicaps

1 - severe articulation
2 - language delay
3 - organic disorders
4 - stuttering

B. Involvement of primary teacher into greater participation in the screening phase and other aspects of the speech therapy program.

1 - through in-service training in speech workshops
2 - through referrals
3 - through consultation and interaction with the speech therapist

II. SUGGESTED SCREENING PROCEDURES

A. The screening of kindergarten and first grade children should be conducted by a certified speech therapist. If classroom teachers are to participate in the screening process, the speech clinician should conduct an in-service training workshop to orient participating teachers as to the speech problems usually found in early childhood classes. The classroom teacher should serve as a referral agent in order to facilitate the screening process. In-service workshops should be conducted prior to screening.

B. The screening should take place within the first six weeks of school, but not before the children have had an opportunity to become adjusted to the classroom situation.

C. Each child to be tested should be seen individually using an articulation test chosen by the therapist. The screening process should reflect the major objective. The maturational aspect of speech development will have to be considered when evaluating the screening results. A certified therapist will be able to interpret the results.

With early identification, necessary medical referrals and involvement within a speech therapy program can be initiated before a child has become socially and educationally affected within the classroom situation because of his speech handicap.

PROCEDURES FOR IDENTIFICATION OF SECOND THROUGH TWELFTH GRADE STUDENTS WITH SPEECH HANDICAPS

In order to operate an efficient and effective identification program, a definite teacher referral system must be established.

In-service training workshops should be conducted by the local clinician prior to the screening process. The purpose of these workshops should be to orient the teacher as to the type of speech problems found in the classroom and the procedures to follow when making a referral. The teacher must know what to look for in order to identify.

A referral form should be devised to aid the teacher. See Appendix VI.

STEP I

Teachers should compile lists of children with possible speech defects. The lists should be submitted to the principals of each school for referral to the speech clinician for further evaluation.

STEP II

Visitation by the clinician to each school for the purpose of evaluating individually those children who have been referred by the classroom teacher.

STEP III

Placement: Following evaluation by the speech clinician, the children in need of remediation will be scheduled for services.

If after referrals are received and tested, a clinician does not have enough children for a caseload, the second and third grades should be tested individually. When more children are referred than can be served, a waiting list must be established. The key to a successful referral program is teacher awareness. This is the responsibility of the clinician.

SUGGESTED SCREENING TESTS

1 - The Goldman-Fristoe Articulation Test
2 - The Templin-Darley Screening Test
3 - The PAT Screening Test
4 - Any Articulation test devised by the clinician for the purpose of identification

REEVALUATION

Reevaluation of children who have received therapy from one year should be made by the clinician every fall when the children return to school. Reevaluation should concern itself with effectiveness of previous therapy, appropriateness of carryover and the need for additional therapy. The reevaluation should be conducted in a one to one situation and also by observation in a non-therapeutic situation such as the regular classroom. Diagnostic tools as deemed necessary by the clinicians should be employed.

SUMMARY

In order to maintain a successful speech therapy program in a district or county, there must be mutual cooperation and communication between all school personnel concerned with the program. This includes the superintendent, coordinator, clinicians, principals, teachers and students.

The superintendent should be the person with overall responsibility for the establishment of the program. He should make sure that all reports from the therapists are submitted on time and are accurate. He should keep abreast of activities of the program and confer with the coordinator and therapists in matters concerning administrative policy and the submission of reports.

The coordinator should be the actual supervisor of the program with such duties as securing proper facilities for therapy, acting as advisor-consultant to the therapists, aiding in recruitment, assisting in the filing of reports, coordinating referral activities between teachers and clinicians, and coordinating activities of the program with the school administration.

Clinicians should, through experience, be able to evaluate and select caseload, schedule students appropriately, and conduct meaningful and professional therapy. The clinicians should have close contact with parents, teachers and the school administration and keep all informed as to the progress of the children and of the program in general. Frequent parent conferences should be held. There should be meetings with the faculty members of each school periodically in order to discuss follow-up material on children receiving therapy. Clinicians should keep accurate records on all children in the therapy program. All administrational policies should be adhered to same as that of the regular classroom teacher.

Principals should provide adequate facilities for therapy sessions. They should provide materials if needed by the clinician. Opportunities should be provided for the clinicians to attend faculty meetings and for consultation with teachers. Space should be provided on bulletin boards for speech therapy schedules for his particular school. If possible the use of office equipment and clerical help should be provided.

The classroom teacher should aid in the initial screening of children for speech handicaps. The teacher should cooperate in seeing that the children attend therapy sessions regularly by making notation of the therapy schedule for pupils in her class. She should encourage therapy and also follow suggestions for therapy carryover in the classroom especially in the areas of conversation and oral reading.

The rehabilitation of the speech handicapped in South Carolina is not only the responsibility of the public school speech clinician, but also the responsibility of all professional educators, administrators, supervisors and teachers employed by a school district. It is through the establishment of such a program and the mutual cooperation, understanding and efforts of all those concerned with education that the speech defective child can be rehabilitated and take his proper place in the mainstream of education.

APPENDICES

Return In Duplicate By June 5 to:

Speech Handicapped
Office of Programs for the Handicapped
State Department of Education
Rutledge Office Building
Columbia, South Carolina 29201

STATISTICAL SUMMARY FOR STATE AID - SPEECH HANDICAPPED

Clinician's Name _____ School Year _____
County _____ Certificate No. _____
Beginning Employment Date _____ District _____
Employment Status: Full-Time __ Part-Time __ Ending Employment Date _____
Scheduling System: Itinerant __ Blocking __ Number of Days Employed Per Week _____
Number of Half Days Employed Per Week _____

Breakdown by Disorders	Number
Articulation	
Stuttering	
Cleft Palate	
HOH	
Language	
Voice	
Other (Specify)	
Total	

Breakdown by Grades	Number
Kindergarten	
First Grade	
Second Grade	
Third Grade	
Fourth Grade	
Fifth Grade	
Sixth Grade	
Seventh Grade	
Eighth Grade	
Special	
High School	
Total	

Total number of children receiving therapy during the year _____

REMARKS:

I do hereby certify that _____, certificate number _____, of District _____ of _____ County has administered speech therapy to an average of _____ pupils during the school year _____, and that these pupils maintained an average attendance of _____ percent.

_____
Speech Clinician (Signature)

_____
Superintendent (Signature)

Approved By:

_____
Clinician Supervisor (Signature)

_____
Consultant, Speech Handicapped
Office of Programs for the Handicapped
State Department of Education

SDE 23-021-01

APPENDIX II

Return In Duplicate by June 5 to:

Speech Handicapped
Office of Programs for the Handicapped
Rutledge Office Building
Columbia, South Carolina 29201

DISTRICT SUMMARY OF STATE AID - SPEECH HANDICAPPED

The following clinicians were employed in District _____ of _____ County during the school year _____:

Name	Average Yearly Caseload	Yearly Average Daily Attendance
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Total Average Yearly Caseload _____ Total Yearly ADA _____

* Mean Caseload _____ * Mean ADA _____

* Obtain mean caseload and mean average daily attendance by dividing the number of clinicians into total yearly caseload and total average daily attendance.

I do hereby certify that the clinicians listed above maintained an average caseload of seventy-five (75) speech handicapped students and a minimum attendance of seventy-five percent (75%) as prescribed by law.

Approved By:

_____ _____

Consultant, Speech Handicapped
Office of Programs for the Handicapped
State Department of Education

Superintendent (Signature)

SDE 23-016-01

APPENDIX III

SPECIAL EDUCATION ACT OF 1970

AN ACT TO AMEND SECTION 21-295, CODE OF LAWS OF SOUTH CAROLINA, 1962, AS AMENDED, DEFINING CERTAIN TERMS USED IN REGARD TO STATE AID FOR THE EDUCATION OF HANDICAPPED CHILDREN, SO AS TO DEFINE HARD OF HEARING; AND TO AMEND SECTION 21-295.3, CODE OF LAWS OF SOUTH CAROLINA, 1962, AS AMENDED, PROVIDING STATE AID FOR THE EDUCATION OF HANDICAPPED CHILDREN, SO AS TO FURTHER PROVIDE FOR THE MINIMUM AVERAGE DAILY ATTENDANCE TO RECEIVE STATE AID.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Section 21-295 of the 1962 Code, as last amended by Act 116 of 1967, is further amended by striking it out and inserting:

"Section 21-295. (1) 'Physically handicapped children' means children of sound mind and of legal school age who suffer from any disability making it impracticable or impossible for them to benefit from or participate in the normal classroom program of the public schools;

(2) 'Educable mentally handicapped children' means children of legal school age who, because of retarded mental growth, are incapable of being educated profitably and effectively through ordinary classroom instruction, but who may be expected to benefit from special education facilities designed to make them economically useful and socially adjusted;

(3) 'Trainable mentally handicapped children' means children of legal school age whose mental capacity is below that of those considered educable, yet who may profit by a special type of training to the extent that they may become more nearly self-sufficient and less burdensome to others;

(4) 'Special education program' means educational services carried on through special schools, special classes and special instruction;

(5) 'Emotionally handicapped children' means children of legal school age with demonstrably adequate intellectual potential who, because of emotional, motivational or social disturbances are unable to benefit from or participate in the normal classroom of the public schools but who may be expected to benefit from special instruction and services suited to their needs;

(6) 'Hard of hearing children' means children of sound mind of the age of four years and older who are certified by a licensed physician that they suffer from any disability making it impracticable or impossible for them to benefit from or participate in the normal classroom program of the public schools because of an impairment to their hearing facilities;

(7) 'Orthopedically handicapped children' means children of legal school age who have an impairment which interferes with the normal functions of the bones, joints, or muscles to such an extent and degree as to require the school to provide special facilities and instructional programs;

(8) 'Visually handicapped children' means children of legal school age who either have no vision or whose visual limitations after correction result in educational handicaps unless special provisions are made;

(9) 'Learning disabilities children' means children with special learning disabilities who exhibit a disorder in one or more of the basic psychological processes involved in understanding or in using spoken or written language. These may be manifested in disorders of listening, thinking, talking, reading, writing, spelling or arithmetic. They include conditions which have been referred to as perceptual handicaps, brain injury, minimal brain dysfunction, dyslexia, developmental aphasia, etc. They do not include learning problems which are due primarily to visual, hearing, or motor handicaps, to mental retardation, emotional disturbances or to environmental disadvantage."

SECTION 2. Section 21-295.3, as last amended by Section 12, Part II, of Act 485 of 1967, is further amended by striking it out and inserting:

"Section 21-295.3. The State Superintendent of Education shall reimburse school districts of the State for providing special educational services when in compliance with the provisions of this article and the rules and regulations of the State Board of Education, from the regular appropriations for teachers' salaries, in such manner as is provided by law. Such State aid shall be allowed as follows:

(1) For special education services for the educable mentally handicapped, State aid shall be allowed for a teacher employed with a minimum average daily attendance of ten.

(2) For special education services for the trainable mentally handicapped, State aid shall be allowed for a teacher employed with a minimum average daily attendance of eight.

(3) For special education for pupils with speech defects, State aid shall be allowed to school districts for speech correctionists on the basis of an average load of seventy-five speech handicapped students enrolled and a minimum attendance of seventy-five per cent with this special aid being allowed notwithstanding the fact that such children may be counted for regular State aid in regular classes.

(4) For special education for emotionally handicapped children, State aid shall be allowed for a teacher employed with a minimum average daily attendance of eight.

(5) For special education for hearing handicapped children, State aid shall be allowed for a teacher with a minimum average daily attendance of six.

(6) For special education for visually handicapped children, State aid shall be allowed (a) for a teacher employed with a minimum average daily attendance of six enrolled in a self-contained class or (b) a resource specialist in visually handicapped employed with a minimum average daily attendance of twelve enrolled for other instruction in a regular classroom.

(7) For special education for orthopedically handicapped children, State aid shall be allowed for a teacher employed with a minimum average daily attendance of eight.

(8) For special education for learning disabilities children, State aid shall be allowed for a teacher employed with a minimum average daily attendance of ten.

(9) The proportionate part of a teacher's salary will be allowed when such teacher has less than the required minimum enrollment and attendance.

(10) If in any district there are handicapped children not able even with the help of transportation to be assembled in a school, instruction may be provided in a child's home, or in hospitals or sanitoria. Children so instructed may be counted under the provisions of this article. If the child is permanently disabled, the cost of classroom-to-home video or audio service shall be allowed at the rate of six-hundred dollars per year. The State Board of Education shall determine the number of hours of home instruction acceptable in lieu of regular school attendance."

SECTION 3. This act shall take effect upon approval by the Governor.

In the Senate House the 21st day of April

In the Year of Our Lord One Thousand Nine Hundred and Seventy.

John C. West,
President of the Senate.

Solomon Blatt,
Speaker of the House of Representatives

Approved the 23rd day of April, 1970.

Robert E. McNair,
Governor.

6/10/70

APPENDIX IV

PUBLISHING COMPANIES AND ADDRESSES

DIAGNOSTIC MATERIALS

American Guidance Service, Inc.
Publishers Building
Circle Pines, Minnesota

Boston University School of Education
Speech and Hearing Center
332 Bay State Road
Boston, Massachusetts

Bureau of Educational Research & Service
Extension Division
State University of Iowa
Iowa City, Iowa

Consulting Psychologists Press
577 College Avenue
Palo Alto, California

Cooperative Research Project No. 1538
Charles Van Riper
Western Michigan University
Speech and Hearing Center
Kalamazoo, Michigan

Institute for Research on Exceptional Children
University of Illinois
Urbana, Illinois

Psychological Test Specialists
Box 1441
Missoula, Montana

Stanwix House, Inc.
3020 Chartiers Avenue
Pittsburgh, Pennsylvania

THERAPY SOURCES

Alexander Graham Bell
Assoc. for the Deaf
The Volta Bureau
1537 35th St. N.W.
Washington, D. C.

American Guidance Service
Publishers Building
Circle Pines, Minnesota

American Hearing Society
1800 H Street, N.W.
Washington, D. C.

Anthony School Equipment Co.
4143 North Bartlett
Milwaukee, Wisconsin

Arnold, Miss Genevieve
University of Houston
Houston, Texas

CEBCO
Educational Division of
Standard Publishing
P. O. Box 31138
Cincinnati, Ohio

Cenco Educational Aids
2600 S. Kostner Avenue
Chicago, Illinois

Children's Record Guild
27 Thompson Street
New York, New York

THERAPY SOURCES CON'T.

Council for Exceptional Children
1201 16th St. N.W.
Washington, D. C.

Creative Playthings
5 University Place
New York, New York

Di-Bur
Box 1184
Pueblo, Colorado

Expression Company
Magnolia, Massachusetts

Go-Mo Productions
Waterloo, Iowa

Houghton-Mifflin Company
Boston, Massachusetts

Ideal Speech Materials Assoc.
6218 South Albany Avenue
Chicago, Illinois

Instructo Products Co.
1635 N. 55th Street
Philadelphia, Pennsylvania

Interstate Printers and Publishers
Danville, Illinois

King Company
4609 N. Clark Street
Chicago, Illinois

Milton Bradley Company
Springfield, Massachusetts

Speech and Language Materials, Inc.
P. O. Box 721
Tulsa, Oklahoma

Speech Materials
Box 786
Starrs, Connecticut

Stanley Bowmar Co., Inc.
Volhalla, New York

Stanwix House, Inc.
Pittsburgh, Pennsylvania

Talkalong Products
Box 444
Monterey, California

Teaching Resources, Inc.
334 Boylston Street
Boston, Massachusetts

Warren, Jay L. Inc.
1247-49 Belmont Avenue
Chicago, Illinois

Webster Publishing Co.
1808 Wabash Avenue
St. Louis, Missouri

Whitehaven Publishing Co.
Box 2
New Richmond, Wisconsin

Whitman Publishing Co.
Racine, Wisconsin

Word Making Productions
Box 305
Salt Lake City, Utah

EQUIPMENT SOURCES

Ambco Electronics
Los Angeles, California

Bell and Howell
Language Master Dept.
7100 N. McCormick Road
Chicago, Illinois

Beltone Electronics Corp.
4201 W. Victoria Street
Chicago, Illinois

EQUIPMENT SOURCES CON'T.

Eckstein, Bros.
Hawthorne, California
(Gordon N. Stowe, Distributor)
1728 Chapel Court
Northbrook, Illinois

HC Electronics, Inc.
Tiburon, California

Maico Co., Inc.
Maico Building
Minneapolis, Minnesota

Standard Projector & Equipment Co., Inc.
Chicago, Illinois

Telex
9600 Aldrich Avenue South
Minneapolis, Minnesota

Zenith Radio Corporation
Department 35Y
6501 W. Grand Avenue
Chicago, Illinois

APPENDIX V

SPEECH AND HEARING CENTERS

Anderson-Oconee Speech & Hearing Services, Inc.
Anderson Memorial Hospital
800 North Fant Street
Anderson, South Carolina 29621
Phone: 226-3989
Mrs. Patricia Geldard, Director

Charleston Speech & Hearing Clinic, Inc.
30 Lockwood Drive
Charleston, South Carolina 29401
Phone: 722-5509
Mr. C. Mitchell Carnell, Jr., Director

Columbia College Speech & Hearing Center
1401 Columbia College Drive
Columbia, South Carolina
Phone: 754-1100
Mrs. Marcia O. Burns, Instructor

Columbia Hearing & Speech Center
1845 Assembly Street
Columbia, South Carolina 29201
Phone: 252-0303
Mr. William H. Goldman, Director

Pee Dee Speech & Hearing Center
120 South McQueen Street
Florence, South Carolina 29501
Phone: 662-7802
Miss Patricia J. Vincent, Director

St. Nicholas Speech Center
P. O. Box 593
Greenwood, South Carolina 29646
Phone: 223-4862
Dr. Sandra Ratliff, Director

South Carolina State College
Speech & Hearing Center
Turner Hall
Orangeburg, South Carolina 29115
Phone: 534-6560
Dr. Harold Powell, Ph.D.
Professor of Speech Pathology

Speech & Hearing Clinic of the Charles Lea Center
Burdette and Long Streets, Route 1
Spartanburg, South Carolina 29302
Phone: 585-8221
Mr. Glenn A. Brumfield, Director

SPEECH AND HEARING CENTERS CON'T.

Speech & Hearing Center of York, Chester and Lancaster Counties
1053 Oakland Avenue
Rock Hill, South Carolina 29730
Phone: 328-6202
Miss Gail Belleau, Director

United Speech & Hearing Services
2106 Augusta Road
Greenville, South Carolina 29605
Phone: 235-9689
Mr. Thomas W. Walpool, Director

University of South Carolina
Speech & Hearing Center
Department of Speech Pathology and Audiology
Columbia, South Carolina 29208
Phone: 777:8195
Dr. Arthur I. Weiss, Ph.D., Director

Beaufort County Speech & Hearing Clinic
Port Royal Methodist Church
P. O. Box 941
Beaufort, South Carolina 29902
Phone: 524-5300
Mrs. Sharon C. Spare, Supervisor

APPENDIX VI

SPEECH AND HEARING REFERRAL FORM

I. BASIC INFORMATION DATE _____

NAME _____ BIRTHDATE _____

SCHOOL _____ GRADE _____ INSTRUCTOR _____

PARENT'S NAME (full name) _____

ADDRESS _____ PHONE _____

_____

_____

II. REFERRAL INFORMATION REFERRANT _____

1. Reason for Referral (Describe Problem)

2. How has the problem affected his school achievement?

3. Additional information pertinent to the problem.

_____

_____

III. EVALUATION DATE _____

DIAGNOSTIC TEST RESULTS:

RECOMMENDATIONS:

ACTION TAKEN _____

PARENTS CONTACTED _____ NO _____ YES (date contacted) _____

Signed _____
SPEECH CLINICIAN

APPENDIX VII

SPEECH THERAPY FILE SUMMARY

NAME _____
(Last) (First) (Middle)

BIRTHDATE _____ SEX _____ INITIAL CONTACT DATE _____

SCHOOL _____ GRADE _____

PARENT CONTACTED _____ DATE _____

NAME OF PARENT _____ PHONE _____

ADDRESS _____

_____

REFERRAL SOURCE _____

DIAGNOSTIC INTERVIEW BY _____ DATE _____

DIAGNOSTIC FINDINGS _____

_____

RECOMMENDATIONS AND DISPOSITION _____

_____

THERAPY RECORD

Began Mo./Yr.	Clinician	Day/Time	Terminated Mo/Yr.	Disposition	Comment

APPENDIX VIII

SPEECH PROGRESS REPORT

NAME _____ SCHOOL _____

GRADE _____ AGE _____ BIRTHDATE _____ TEACHER _____

NATURE OF SPEECH IMPEDIMENT:

HEARING _____
ORGANIC _____
ARTICULATION _____
ORGANIC AND ARTIC _____
FOREIGN OR REGIONAL _____
DIALECT _____
LANGUAGE _____
STUTTERER _____
DELAYED SPEECH _____

VOICE QUALITY

NASAL _____
DE-NASAL _____
HOARSE _____
HIGH PITCH _____
LOW PITCH _____
NORMAL _____

DATE THERAPY INITIATED _____

SOUNDS WORKED ON _____

THERAPY PROCEDURE FOR

CLINICIAN'S IMPRESSIONS OF CHILD'S ATTITUDE

	Yes	No	Sometimes
Likes to come to speech	___	___	_____
Shows an interest in group participation	___	___	_____
Shows a personal interest in his work	___	___	_____
Wants to correct his sounds	___	___	_____
Works well during therapy situation	___	___	_____
Takes pride in oral communication	___	___	_____
Completes work on time	___	___	_____

PSYCHOLOGICAL TESTING: NO ( ) YES ( ) (REFER TO PERMANENT FILES)

SPEECH AND LANGUAGE TESTS ADMINISTERED: (REFER TO PERMANENT SPEECH FILES)

RECOMMENDATIONS:

Enroll in therapy in the fall. _____
Recheck in the fall and if necessary re-schedule. _____
Dismiss permanently. _____

SPEECH CLINICIAN _____
DATE _____

APPENDIX IX

SPEECH THERAPY PROGRESS REPORT

NAME _____ BIRTHDATE _____

PARENT'S NAME _____

ADDRESS _____

SCHOOL _____ GRADE _____ INSTRUCTOR _____

APPENDIX X

DISMISSAL INFORMATION FORM

STUDENT'S NAME _____

SCHOOL _____

ADDRESS _____

- -

PARENT'S NAME AND ADDRESS

_____

_____

_____

- -

REASON FOR DISMISSAL _____

HOW LONG IN THERAPY _____

DISMISSAL DATE _____

SPEECH PROBLEM _____

- -

CARBON COPIES TO: _____

_____

SPEECH CLINICIAN

APPENDIX XI

SEMESTER-END REPORT

_____ _____
SCHOOL YEAR

_____
SPEECH CLINICIAN

_____ Students screened (initially)
_____ Students needing speech therapy
_____ Students scheduled for therapy
_____ Children on waiting list at end of year

_____ Students rehabilitated
_____ Children dismissed for non-attendance
_____ Children dismissed for not bringing notebook and work
_____ Children who moved
_____ Children needing to be rechecked
_____ Children reaching optimum proficiency

_____ Children still needing therapy

_____ Parent conferences (including telephone calls)
_____ Teacher conferences

_____ Children referred to the Summer Speech Program
_____ Children referred to Special Services

TYPES OF CASES		GRADES	
Articulation	_____	First	_____
Stuttering	_____	Second	_____
HOH or Deaf	_____	Third	_____
Cleft Palate	_____	Fourth	_____
Cerebral Palsy	_____	Fifth	_____
Voice Problems	_____	Sixth	_____
Problems due to mental retardation	_____	Seventh	_____
		Special Class	_____
Foreign Dialect	_____	Junior High	_____
Culturally Deprived	_____	Senior High	_____
Other	_____		
Total	_____	Total	_____

Periods Attended

Name Of Pupil	1	2	3	4	5	6	7	8	Total
1. John	✓	✓	✓	✓					4
2. Mary	✓	✓	✓						3
3. Tim	✓		✓	✓					3
4. Abe	✓	✓	✓	✓					4
5. Joe	✓	✓	✓						3
6. Frank		✓	✓	✓					3
7. Ben			✓	✓					2
8. Betty	✓	✓	✓	✓					4
9. Jimmy	✓	✓	✓	✓					4
10. Carol		✓	✓	✓					3
11. Bob	✓	✓	✓	✓					4
12. Dave	✓	✓	✓	✓					4
TOTAL									41

Procedure For Figuring Monthly Attendance

1. Add up total days attended by each pupil.
2. Add up total column.
3. Divide the number of days possible to attend into the sum of the total column.

(example)

It is possible for 12 students to attend 48 times, therefore

$$48\overline{)41.0} = .85$$

$$\begin{array}{r} 38\ 4 \\ \hline 2\ 60 \end{array}$$

Your attendance for the month equals :

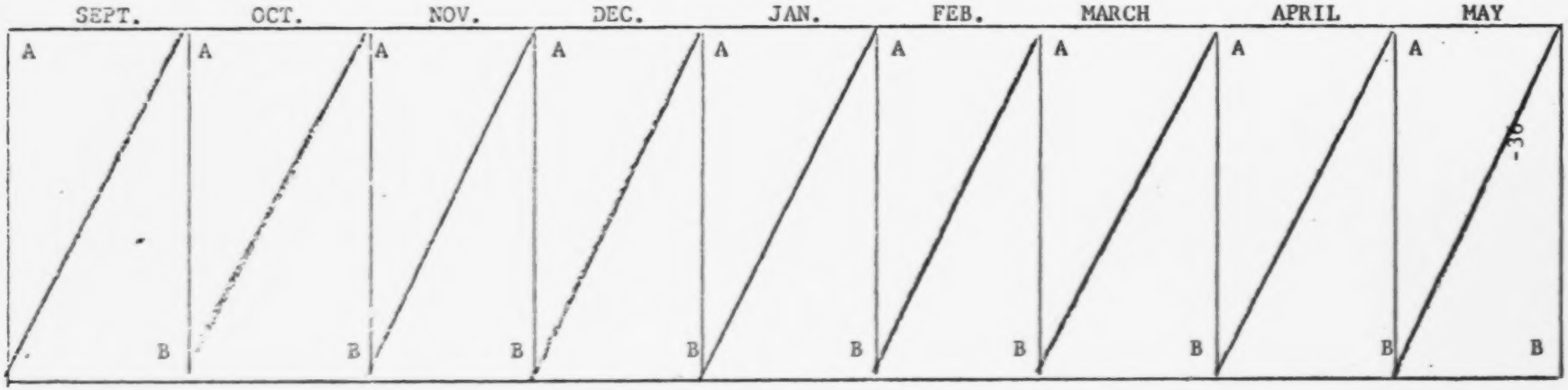
85%

APPENDIX XIII

SPEECH CLINICIAN'S MONTHLY CASELOAD
ATTENDANCE REPORT
(WORK SHEET)

INSTRUCTIONS -

A. TOTAL MONTHLY CASELOAD
B. AVERAGE ATTENDANCE



1. SUMMATION OF COLUMN A DIVIDED BY 9 IS YEARLY AVERAGE CASELOAD

2. SUMMATION OF COLUMN B DIVIDED BY 9 IS YEARLY AVERAGE ATTENDANCE

FOOTNOTES

1 Johnson, Wendell et al, Speech Handicapped School Children (New York: Harper Row, 1967).

2 A Five Year Plan To Provide Appropriate Educational Programs for South Carolina Students With Handicapping Conditions (Columbia, South Carolina: State Department of Education, 1970).

3 A Handbook for Administrators . . . A Guide for Speech and Hearing Programs (Nashville: State Department of Education, 1970) pg. 14-15.

4 Ibid, pg. 19-20.

5 Ibid, pg. 18-19.

6 Ohio School Speech and Hearing Therapy (Columbus: State Department of Education, 1969) pg. 38-39.

7 A Handbook for Administrators . . . A Guide for Speech and Hearing Programs (Nashville: State Department of Education, 1970) pg. 21-22.

8 "Recommendations for Housing of Speech Services in the Schools", ASHA, XI (April, 1969) pg. 181-182.

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A Handbook for Administrators . . . A Guide for Speech and Hearing Programs. State Department of Education, Nashville, Tennessee, 1970.

Eisenson, Jan and Ogilvie, Mardel, Speech Correction in the Public Schools. Macmillan: New York, 1963.

Johnson, Wendell et al, Speech Handicapped School Children. Harper Row: New York, 1967.

Ohio School Speech and Hearing Therapy. State Department of Education, Columbus, Ohio, 1969.

Operational Procedures of the Williamsburg County Speech and Hearing Program. Williamsburg Public Schools, Kingstree, South Carolina, 1970.

Organization of School Program. Greenville Public Schools, Greenville, South Carolina, 1970.

"Recommendations for Housing of Speech Services in the Schools". ASHA, XI (April, 1969).

Services for Children With Communicative Disorders. American Public Health Association, Inc., New York, New York, 1967.

"The Speech Clinician's Role in the Public Schools". ASHA, VI (June, 1964).

Van Hattum, Rolland, Clinical Speech in the Public Schools: Organization and Management. Charles C. Thomas: Springfield, Illinois, 1969.

Van Riper, Charles, Speech Correction - Principals and Methods. Prentice Hall: Englewood Cliffs, New Jersey, 1963.